

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO:  
101-91124  
APPLICANT(S)

FILING DATE

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3		1				53					
4			1			64					
5				1		55					
6					1	56					
7						57					
8						58					
9						59					
10		1				60					
11			1			61					
12				1		62					
13					1	63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
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28						78					
29						79					
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34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.		3				TOTAL IND.					
TOTAL DEP.		14				TOTAL DEP.					
TOTAL CLAIMS		17				TOTAL CLAIMS					